APPLICATION/DECLARATION OF INSOLVENT ESTATE PC-204 (BBS) REV. 6/01

STATE OF CONNECTICUT COURT OF PROBATE

Type or print in black ink.

TO: COURT OF PROBATE, DISTRICT OF	DISTRICT NO.	RECORDED:
ESTATE OF:		, DECEASED
FIDUCIARY(IES) [Name(s), address(es), zip code(s), and telephone number(s)]	P	OSITION OF TRUST
THE PETITIONER REPRESENTS that: The above estate was opened as a solvent estate, but is now insolvent.		
The above estate is insolvent.		
The names and addresses listed below are all the persons in interest in said creditors. The court shall direct notice to those persons deemed to have an interest insufficient, use Second Sheet, PC-180.)		
The assets of said estate, exclusive of the articles which may be legally set of support of such spouse and that of the family of said deceased, will not be mexpenses of settling said estate, the expenses of the last sickness, and the land the United States, which are listed below. C.G.S. §45a-383. (If space is a second of the last sickness).	ore than sufficient to pay the f awful taxes and claims due the	uneral expenses, the State of Connecticut
WHEREFORE, THE PETITIONER REQUESTS that:		
The estate be declared insolvent.		
The court order the fiduciary to receive and decide upon claims of the creditors of said estate in accordance with C.G.S. §45a-378(a) and (b).		
The court allow the fiduciary to settle said estate, without claims procedures §45a-383.		
The representations contained herein are made under the penalties of false statement.		
PETITIONER'S SIGNATURE	DATE	